

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/25/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155149		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 08/01/2011	
NAME OF PROVIDER OR SUPPLIER HARCOURT TERRACE NURSING AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 8181 HARCOURT ROAD INDIANAPOLIS, IN46260			
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: July 25, 26, 27, 28, 29, and August 1, 2011.</p> <p>Facility number: 000070 Provider number: 155149 AIM number: 100266190</p> <p>Survey team: Christi Davidson, RN-TC Diana Zgonc, RN Connie Landman, RN Courtney Hamilton, RN</p> <p>Census Bed Type: SNF/NF: 56 Total: 56</p> <p>Census Payor Type: Medicare: 09 Medicaid: 46 Other: 01 Total: 56</p> <p>Stage 2 Sample: 26</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2.</p>			F0000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and requests a desk review on or after August 12, 2011.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0279 SS=D	<p>Quality review completed on August 5, 2011 by Bev Faulkner, RN</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). Based on observation, interview and record review, the facility failed to develop care plans for residents with contractures and for residents at risk for contractures for 2 of 26 residents reviewed for care plans in the stage 2 sample of 26. (Residents #19, #3)</p> <p>Findings include:</p>			F0279	<p>F279 Comprehensive Care PlansIt is the practice of this provider to ensure that all residents with the potential for, or who currently have, a diagnosis of contractures, have a comprehensive care plan individualized to their specific needs.What corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice:. A comprehensive care</p>		08/12/2011

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	<p>1. Resident #19's record was reviewed on 07/28/2011 at 1:50 P.M. Diagnoses included but were not limited to diabetes, asthma, contractures, dysphagia, and hemiplegia.</p> <p>A current physicians order, dated 06/23/2011, indicated, "...obtain replacement bilateral elbow orthosis [splint] and R [right] WHFO [splint] with finger separators to reduce bilateral elbow and R [right] hand contractures and pain...."</p> <p>A current physicians order, dated 06/21/2011, indicated Resident #19 was to receive ..."OT (occupational therapy) 5 x [times] week x [times] 60 days for hot pack [sic], ultrasound, orthotic fitting..."</p> <p>A current Minimum Data Set [MDS], dated 06/09/2011, indicated Resident #19 was totally dependent on staff for ADL's, eating and transfers. MDS indicated resident had functional range of motion impairments in both lower and upper extremities.</p> <p>Observations on the following dates indicated resident had splints on her elbows and right hand: 07/25/2011, 07/27/2011 and 07/29/11.</p>				<p>plan individualized to Resident #19's specific needs was initiated on July 29, 2011.. A comprehensive care plan individualized to Resident#3's specific needs was initiated on July 29, 2011.How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:. Facility audit was completed to identify residents with a potential for or actual diagnosis of contractures.. Therapy Department will perform screens on identified residents and will convey their findings to the nursing department.. A comprehensive care plan to address residents identified as at risk for or with a diagnosis of contractures will be initiated.What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not reoccur:. Residents will be screened by the therapy department upon admission, quarterly, and with change of condition. Those findings will be forwarded to the nursing department for review.. Residents deemed at risk for contractures and those residents with an actual contracture will have a comprehensive individualized care plan initiated.. A care plan audit will be completed weekly x 4 , bi-monthly x 2 and quarterly thereafter.How will the corrective action(s) will be</p>		

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	<p>An OT note, dated 06/29/2011-07/05/2011, indicated resident ... "exhibits severe impairment right [sic] and left digits and right wrist..."</p> <p>An interview with COTA #2 (Certified Occupational Therapy Assistant) on 07/29/2011 at 9:45 A.M., indicated occupational therapy places the splints on Resident #19's elbows and restorative nursing places the splint on the resident's right hand. COTA #2 indicated resident tolerates the elbow splints for up to 4 hours per day and tolerates the right hand splint for up to 8 hours per day.</p> <p>The record lacked documentation of a care plan addressing Resident #19's contractures.</p> <p>An interview with the Director of Nursing (DON) on 08/01/2011 at 9:25 A.M., indicated she was unable to provide a care plan for Resident #19's contractures dated before 07/29/2011.</p> <p>2. The record for Resident #3 was reviewed on 7/28/11 at 10:15 A.M.</p> <p>Current diagnoses included, but were not limited to, history of CVA (cerebrovascular accident) with right hemiparesis, hyperlipidemia, GERD</p>				<p>monitored to ensure the deficient practice will not reoccur. Director of Nursing Services or designee will monitor the results of the audits and make appropriate corrections. Results of the audits will be brought to the monthly Continuous Quality Improvement meetings for continued monitoring. Compliance Date: 8-12-2011</p>		

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	<p>(gastroesophageal reflux disease), blind, history of seizures, DM 2 (diabetes mellitus type 2), anxiety, glaucoma, behaviors/refuses care, depression, history of aphasia, HTN (hypertension), dementia with psychosis, constipation, and CAD (coronary artery disease).</p> <p>Resident #3's Quarterly MDS (Minimum Data Set) Assessment, dated 5/24/11, indicated he had limited mobility on one side, which included his shoulder, arm, wrist, and hand.</p> <p>During the staff interview with LPN #1 on 7/26/11 at 9:30 A.M., she indicated Resident #3 had a contracture, did not wear a splint, but did receive range of motion to his right hand.</p> <p>During observation of Resident #3 on 7/28/11 at 12:30 P.M., the resident had just finished eating lunch in his room. When he was asked if he could move his right hand, the resident indicated he could. When asked to demonstrate, the resident was only able to slightly lift his hand off his right leg. When asked if he wore a splint, the resident indicated they hadn't given him one. Resident #3's fingers and hand appeared flaccid, they did not appear drawing</p>						

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	<p>closed, lying flat on leg. His fingertips remained in contact with his leg as his hand was lifted by inches off his leg.</p> <p>The record lacked a care plan concerning a potential for contractures, a splint, or range of motion exercises. The other care plans present were dated 5/19/11.</p> <p>During an interview with Unit Manager #3 on 7/28/11 at 12:55 P.M. she indicated the resident did not have a care plan for contractures or refusal to wear a splint. She also indicated at that time the resident did have behaviors, was verbally and physically combative with staff, and was only cooperative at times.</p> <p>3.1-35(a) 3.1-35(b)(1) 3.1-35(b)(2)</p>						

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